



LINDA A. KELLEHER  
CITY CLERK

# CITY OF READING, PENNSYLVANIA

CITY COUNCIL  
ROOM 2-24  
815 WASHINGTON STREET  
READING, PA 19601-3690  
(610) 655-6204

## SUPPLEMENTAL STATEMENT OF FINANCIAL INTEREST

**INSTRUCTIONS:** Please type or print legibly. This form supplements the Statement of Financial Interest form issued by the State Ethics Commission.

01	Last name	First name	Middle initial	
	Wattman	Jeffrey	S.	
02	Residence Street Address	City	State	Zip Code
	723 N. 4th	Reading	PA	19601
03	Position with the City of Reading	Area Code	Phone Number	
	City Council	610	451-9120	
04	REAL ESTATE INTERESTS: List the address of any property in the City of Reading in which you, your spouse, or any member of your immediate family have any ownership interest.			

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. s4904 (unsworn falsifications to authorities).

Signature

Date

ALL statements of Financial Interest are available for public inspection and copying during regular office hours.

Revised 4/00



FAX: (610) 655-6697 TDD: (610) 655-6442

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	<b>LAST NAME</b> W A L T M A N	<b>FIRST NAME</b> J E F F R E Y	MI S	SUFFIX SR
02	<b>ADDRESS</b> (business or governmental) or home 125 North St Reading PA 19601-4517			
<b>NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.</b>				
03	<b>STATUS</b> Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)			
<div style="display: flex; justify-content: space-between;"><div><div>A <input type="checkbox"/> Candidate (including write-in)</div><div>B <input type="checkbox"/> Nominee</div></div><div><div><del>C</del> <input checked="" type="checkbox"/> Public Official (Current)</div><div>C <input type="checkbox"/> Public Official (Former)</div></div><div><div>D <input type="checkbox"/> Public Employee (Current)</div><div>D <input type="checkbox"/> Public Employee (Former)</div></div><div><div>E <input type="checkbox"/> Check this block if you are filing as a solicitor</div><div><input type="checkbox"/> Check this block if you are amending an original filing</div></div></div>				
04	<b>PUBLIC POSITION OR PUBLIC OFFICE</b> (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held			
A	C i t y C o u n c i l			
B				
05	<b>GOVERNMENTAL ENTITY</b> in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A	C i t y O F R E A D I N G			
B				
06	<b>OCCUPATION OR PROFESSION</b> (This may be the same as block 4) Financial Advisor		<b>07 YEAR</b> Indicate calendar year for which form is being filed. SEE INSTRUCTIONS. 2018	
08	<b>REAL ESTATE INTERESTS</b> (See instructions on page 2). If NONE, check this box. <input type="checkbox"/>			
09	<b>CREDITORS</b> (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>			
Name:		Address:		Interest Rate
M/A				
10	<b>DIRECT OR INDIRECT SOURCES OF INCOME</b> including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this box. <input type="checkbox"/>			(OFFICIAL USE ONLY)
Name:		Address:		
Merrill Lynch		985 Berkshire Blvd Wyomissing PA		
11	<b>GIFTS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Source of Gift		Circumstances (including description) of Gift		Value of Gift
TICKETS - ROYALS		Hockey		893.00
12	<b>TRANSPORTATION, LODGING, HOSPITALITY</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Source (Name and Address)		Value		
13	<b>OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Business Entity (Name and Address)		Position Held		
Name:		Address:		
14	<b>FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Name and Address of Business		Interest Held		
15	<b>BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER</b> (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>			
Business (Name and Address)		Interest Held		
Transferee (Name and Address)		Relationship		
		Date Transferred		

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

(717) 783-1610 • TOLL FREE 1-800-932-0936

3/9/15 Reed

01	LAST NAME	W A I T M A N	FIRST NAME	J E F F R E Y	MI	S	SUFFIX	S R
02	ADDRESS office (business or governmental) or home 723 N. 4th Street, Reading PA 19601 (610) 451-9120							
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.								
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)							
<input checked="" type="checkbox"/> A Candidate (including write-in) <input checked="" type="checkbox"/> C Public Official (Current) <input type="checkbox"/> D Public Employee (Current) <input type="checkbox"/> E Check this block if you are filing as a solicitor <input type="checkbox"/> Check this block if you are amending an original filing								
<input type="checkbox"/> B Nominee <input type="checkbox"/> C Public Official (Former) <input type="checkbox"/> D Public Employee (Former)								
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held							
A	C I T Y C O U N C I L D I S T R I C T 6							
B								
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)							
A	C I T Y O F R E A D I N G							
B								
06	OCCUPATION OR PROFESSION (This may be the same as block 4) Financial Advisor				07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS. 2015			
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/> Home only							
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/> Name: Address: Interest Rate							
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/> Name: Merrill Lynch City of Reading Address: Wyomissing PA Reading PA (OFFICIAL USE ONLY)							
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source of Gift Value of Gift Address of Source of Gift Circumstances (including description) of Gift							
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Source (Name and Address) Value							
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business Entity (Name and Address) Position Held							
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Name and Address of Business Interest Held							
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/> Business (Name and Address) Interest Held Relationship Date Transferred							
Transferee (Name and Address)								

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature

Enter Current Date

3/9/15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

(3 of 4)

(1 of 4)

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

Recd 3/9/15 JX

01 LAST NAME FIRST NAME MI SUFFIX  
WATMAN JEFFREY S SR

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone  
723 N. 4th Street, Reading PA 19601 (610) 451-9120

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A ☒ Candidate (including write-in) B ☐ Nominee C ☒ Public Official (Current) C ☐ Public Official (Former) D ☐ Public Employee (Current) D ☐ Public Employee (Former) E ☐ Check this block if you are filing as a solicitor ☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☒ hold ☐ held

A City Council District 6 ☐ seeking ☐ hold ☐ held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A City of Reading

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Financial Advisor

07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.

2015

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☐

Home only

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. ☒

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. ☐

Name: Merrill Lynch City of Reading Address: Wyomissing, PA Reading, PA (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift Value of Gift

Address of Source of Gift Circumstances (Including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1103(b).

Signature

Enter Current Date

3/9/15

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

# City of Reading

## Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

Jeffrey Waltemnd  
Printed Name

[Signature]  
Signature

3/23/15  
Date

RECEIVED  
MAR 24 2015

BY: mak

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Jeffrey S. Waltman, Sr.						
Street Address		723 N. 4th Street						
City	Reading	State	PA	Zip Code	19601			
Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		04/15/2015	05/04/2015					
A. Amount Brought Forward From Last Report		\$	0					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	2,600					
C. Total Funds Available (Sum of Lines A and B)		\$	2,600					
D. Total Expenditures (From Schedule III)		\$	1,213.2					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,386.8					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	593.82					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					

**Affidavit Section**

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 15 day of May, 2015

Donna R. Blatt  
Signature

Jeffrey S. Waltman, Sr.  
Signature of Person Submitting report

Jeffrey S. Waltman, Sr.  
Printed Name

My Commission expires 1 19 2016  
MO. DAY YR.

610 451-9120  
Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

My Commission expires \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

RECEIVED  
MAY 08 2015

BY: mak

### Contributions Received From Political Committees

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

							Amount	
Full Name of Contributing Committee		Reading Berks Association of Realtors				Date [MM/DD/YYYY]	\$	250
						04/27/2015		
House #	2201	Street Address		Ridgewood Road		Date [MM/DD/YYYY]	\$	
City	Wyomissing		State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number									
-----------------------------	--	--	--	--	--	--	--	--	--

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Peter S. Schiaroli					04/27/2015		\$	150
House #	100	Street Address			Date [MM/DD/YYYY]		\$	
		N. Kenhort Blvd						
City	Reading		State	PA	Zip Code	19607	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Angela N. Carmello					04/27/2015		\$	100
House #	138	Street Address			Date [MM/DD/YYYY]		\$	
		Mexico Road						
City	Oley		State	PA	Zip Code	19547	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Alan Shuman					05/01/2015		\$	100
House #	50	Street Address			Date [MM/DD/YYYY]		\$	
		North 5th Street						
City	Reading		State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$



## PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number									
-----------------------------	--	--	--	--	--	--	--	--	--

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

  

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor		Jack D. Gulati		Date [MM/DD/YYYY]	04/19/2015	\$	2,000
House #	2720	Street Address		Marina Isle Court		Date [MM/DD/YYYY]	\$
City	Bonita Springs	State	PA	Zip Code	34134	Date [MM/DD/YYYY]	\$
Employer Name		Various - Fidelity Technologies, others		Occupation	Owner		
Employer Mailing Address / Principal Place of Business		2501 Kutztown Road, Reading, PA 19605					
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

## PART E

**Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number	
-----------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
---	--	----

SCHEDULE II

PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
David Kersley					5/2/2015		\$	593.82
<b>House #</b>	225	<b>Street Address</b>	Douglass Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		City of Reading				<b>Occupation</b>	Business Analyst	
<b>Employer Mailing Address / Principal Place of Business</b>		815 Washington Street, Reading, PA 19601				<b>Description of Contribution</b>	Purchase & Mailing of postcards	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>		24 Hour Yard Signs			<b>Date [MM/DD/YYYY]</b>	\$	739
					04/20/2015		
<b>House #</b>	2151	<b>Street Address</b>	Denton Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Cookeville	<b>State</b>	TN	<b>Zip Code</b>	38506 Yard Signs		
<b>To Whom Paid</b>		Tennessee Print Masters			<b>Date [MM/DD/YYYY]</b>	\$	337.48
					04/24/2015		
<b>House #</b>	586	<b>Street Address</b>	S. Jefferson Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Cookeville	<b>State</b>	TN	<b>Zip Code</b>	38501 Tshirts		
<b>To Whom Paid</b>		Office Max			<b>Date [MM/DD/YYYY]</b>	\$	14.83
					04/24/2015		
<b>House #</b>	3215	<b>Street Address</b>	N. 5th Street		<b>Description of Expenditure</b>		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19605 Labels		
<b>To Whom Paid</b>		Lowes Home Center			<b>Date [MM/DD/YYYY]</b>	\$	15.87
					04/24/2015		
<b>House #</b>	500	<b>Street Address</b>	Madison Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19605 Sign Cable Ties		
<b>To Whom Paid</b>		Office Max			<b>Date [MM/DD/YYYY]</b>	\$	11.02
					04/28/2015		
<b>House #</b>	3215	<b>Street Address</b>	N. 5th Street		<b>Description of Expenditure</b>		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19605 Photocopies - campaign literature		
<b>To Whom Paid</b>		Afro/Latino Magazine			<b>Date [MM/DD/YYYY]</b>	\$	50
					04/27/2015		
<b>House #</b>	400	<b>Street Address</b>	Woodward Street		<b>Description of Expenditure</b>		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601 advertisement - campaign		
<b>To Whom Paid</b>		Berks County Democratic Committee			<b>Date [MM/DD/YYYY]</b>	\$	45
					05/01/2015		
<b>House #</b>	434	<b>Street Address</b>	Walnut Street		<b>Description of Expenditure</b>		
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601 Democratic party event		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			



SCHEDULE IV

## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							